NAVY SAFE HARBOR, SUPPORTING FAMILIES OF WOUNDED, ILL AND INJURED

I. INTRODUCTION AND PURPOSE

SAFE HARBOR MISSION: Safe Harbor is the Navy's lead organization for coordinating the non-medical care of wounded, ill, and injured Sailors, Coast Guardsmen, and their family members. Through proactive leadership, Safe Harbor provides a lifetime of individually tailored assistance designed to optimize the success of our Shipmates' recovery, rehabilitation, and reintegration activities.

The purpose of this module is to provide a basic understanding of Navy Safe Harbor. It is important for you as ombudsmen, to have the resource information for Navy Safe Harbor readily available in the event that you become aware of a family that may benefit from enrollment and the services provided by Safe Harbor.

II. LEARNING OBJECTIVES

1. Provide a basic understanding of Navy Safe Harbor
2. Describe referral sources and enrollment process
3. Define Navy Safe Harbor Non-medical Care Management support

III. TRAINING REQUIREMENTS

It is recommended that all ombudsmen receive training on Navy Safe Harbor. The minimum training shall consist of:

1. The Navy Safe Harbor program mission, history and overview of current program.
2. Basic information on Title 10 guidance and definitions
3. Referral to and Enrollment in Navy Safe Harbor
4. Locations of Recovery Care Coordinators and Non-medical Care Managers
5. Non-medical Care Management Services
5. Army, Air Force and Marine programs

IV. MATERIALS AND EQUIPMENT

1. Navy Safe Harbor Brief (current)
2. Safe Harbor Brochure
3. Safe Harbor Fact Sheets

V. OUTLINE

1. SAFE HARBOR HISTORY
2. PROGRAM DIRECTIVES, GUIDANCE AND DEFINITIONS
3. ENROLLMENT REFERRAL SOURCES AND PROCESS
4. LOCATION OF NON-MEDICAL CARE MANAGERS AND RECOVERY CARE COORDINATORS
5. NON-MEDICAL CARE MANAGEMENT SERVICES
6. LIFETIME SUPPORT
7. CONTINGENCY SUPPORT
8. OTHER SERVICES' PROGRAMS AND MISSION STATEMENTS
9. RESOURCES
10. SUMMARIZE AND CONCLUDE

LENGTH OF TRAINING: 40-45 minutes

HOW TRAINING WILL BE DELIVERED: Ombudsman Advanced Training

WHO WILL CONDUCT THE TRAINING: Navy Safe Harbor Staff, Certified Ombudsman Trainers (COTs), and FFSC staff

LESSON PLAN MODIFICATION:

DATE PREPARED: 08 May 2009 DATE REVIEWED/REVISED: 2 Feb 2011

VI. CONTENT

1. SAFE HARBOR HISTORY

In 2005, the Military Severely Injured Center (MSIC) requested a Navy Liaison be assigned to their center to support Navy OIF/OEF seriously wounded in action. A Navy Liaison, a Program Director and an Out Reach Case Manager comprised the first staff and were designated as "Navy SAFE HARBOR". At this time there were 20 OEF/OIF wounded Sailors enrolled in the program. An additional Navy Liaison was assigned in 2006 to National Naval Medical Center, Bethesda, MD, providing basic advocacy support. Forty

OEF/OIF wounded Sailors were now receiving care from Safe Harbor's staff of four. In 2007, seven advocates were assigned to five Military Treatment Facilities (MTFs) and two Veterans Affairs (VA) Polytrauma Centers. The number of those receiving care had now reached 145 with support provided by a staff of 13. The Safe Harbor continued to focus on advocating for members and their families. With Congressional and public interest focused on the care of Wounded Warrior, RDML Garry R. White was appointed by the Chief of Naval Operations (CNO) as Special Assistant for Comprehensive Casualty Care. The Safe Harbor Program saw many changes in 2008. CAPT Oakley Key Watkins was assigned as the commanding officer of Safe Harbor with a headquarters of 16 staff members established in Washington, DC. The mission expanded to non-medical care management and tracking and oversight for all wounded, ill or injured (not just those from OIF/OEF). 17 Recovery Care Coordinators and Non-medical Care Managers are located at various CONUS sites: 10 military treatment facilities, 4 VA Polytrauma Centers, 2 Reserve Component Command Medhold Units and SOCOM Headquarters.

2. PROGRAM DIRECTIVES, GUIDANCE AND DEFINITIONS

Title 10, through legislation enacted as part of The National Defense Authorization Act (NDAA) 2008, directed the Services to provide improvements to the Care, Management, and Transition of Recovering Service Members (RSM). These Recovery Coordination programs have a common foundation, the four cornerstones of care – Recovery Coordinators (DoD or VA), Recovery Care Plan, Recovery Team, and access to services and resources nationwide via the National Resource Directory. A 10 step process has been outlined to address the care, management, and transition coordination for all seriously wounded, ill, or injured service members: 1) Screening, 2) Assigning, 3) Coordinating, 4) Assessing, 5) Planning, 6) Supporting, 7) Evaluating, 8) Processing, 9) Transitioning, and 10) Reviewing.

Recovering Service members are members of the Armed Forces, including members of the National Guard or Reserve, who are undergoing medical treatment, recuperation, or therapy and are in an inpatient or outpatient status while recovering from a serious injury or illness related to the member's military service.

Recovering Service members fall into one of three categories of acuity for assignment purposes:

- CAT 1 – has a mild injury or illness, is expected to return to duty in less than 180 days, and is an outpatient or short-stay inpatient.
- CAT 2 – has a serious injury or illness, is unlikely to return to duty in less than 180 days, and may be medically separated from the military.
- CAT 3 – has a severe/catastrophic injury or illness, is highly unlikely to return to duty, will most likely be medically separated from the military.

In compliance with Title 10, Navy Safe Harbor assigns Non-medical Care Managers who communicate with the service member and with the service member's family or other

individual designated by the service member regarding non-medical matters that arise during the care, recovery, and transition of the service member, assist with oversight of the service member's welfare and quality of life, and assist the service member in resolving problems involving financial, administrative, personnel, transitional, and other matters that arise during the care, recovery, and transition of the service member. Additionally, Safe Harbor has Recovery Care Coordinators who are responsible for oversight and assistance to the service member in the service member's course of recovery through the entire spectrum of care, management, transition, and rehabilitation services available from the Federal Government, including services provided by the Department of Defense, the Department of Veterans Affairs, the Department of Labor, and the Social Security Administration.

3. ENROLLMENT REFERRAL SOURCES AND PROCESS

Navy's total population of wounded, ill, and injured averages 5,000 to 6,000 annually. Most individuals are managed in the PERS 8 Limited Duty program for Active Duty Personnel and the PERS 9 Medhold and Line of Duty programs for Reservists. Navy Safe Harbor supports those Navy personnel in the PERS 8 and 9 programs who are seriously wounded, ill, or injured (Category 2 or 3). Eligibility for Safe Harbor is not limited to only combat-related wounds or injuries but is extended to those Sailors seriously injured in shipboard or liberty accidents (e.g. motor vehicle or motorcycle accidents), or incur a serious illness, whether physical or psychological. Safe Harbor projects an annual enrollment of 350.

While there are multiple referral points for enrollment, the Safe Harbor Headquarters Operations team is the decision point for enrollment and assignment to a Non-medical Care Manager and/or Recovery Care Coordinator. Sources of referrals to Safe Harbor include but are not limited to:

- DoD Personnel Casualty Report (PCR)
- DoD Military Treatment Facility and VA Medical Care Case Manager
- Navy Safe Harbor Toll-free Number or Email Inquiry
- DoD Wounded Warrior Resource Center (WWRC) (1-800-342-9647 or wwwrc@militaryonesource.com)
- Other services' WII programs
- Military OneSource
- Other Federal and Non-governmental Agencies
- Word of Mouth

Referrals or questions about enrollment in Navy Safe Harbor may be directed to:

- Toll-free phone number (answered 24/7) 1-877-746-8563
- Email to **safeharbor@navy.mil**
- Program Information available at **www.safeharbor.navy.mil**

Upon referral to Safe Harbor, the following actions occur:

- Conduct initial screening to determine if Category 2 or 3
- Assign Wounded Warrior and Family Support based on assessment
- Perform a Non-Medical Assessment and screen the Sailor and family members for support requirements
- Assess and identify comprehensive needs of the Sailor
- Develop a Recovery Care Plan and set goals
- Coordinate Recovery Care Plan with Multi-disciplinary Team Members and Recovery Care Coordinators
- Continually review and enhance family support
- Assist Sailor and family members during the Medical or Physical Evaluation Board process
- Assist Sailor and family members in the transition whether it be return to duty, separation, or retirement
- Review and maintain contact with the Sailor and family members as required/requested

4. LOCATION OF RECOVERY CARE COORDINATORS AND NON-MEDICAL CARE MANAGERS

Recovery Care Coordinators and Non-Medical Care Managers are located throughout the United States. They are assigned to VA Polytrauma Centers, Military Treatment Facilities, Reserve Component Command Medhold Units, and at the SOCOM Headquarters. Locations include:

- National Naval Medical Center (NNMC) – Bethesda, MD
- Naval Hospital (NH) Bremerton, WA
- Naval Health Clinic (NHC) Great Lakes
- Naval Hospital (NH) Jacksonville, FL
- Naval Health Clinic New England (NHCNE), Newport, RI
- Naval Medical Center (NMC) Portsmouth, VA
- Naval Hospital Camp Lejueune, NC
- Naval Medical Center (NMC) San Diego, CA
- Brooke Army Medical Center San Antonio,TX
- US Special Operations Command (SOCOM) Care Coalition, Tampa, FL
- Tampa VA Polytrauma Rehabilitation Center, FL
- Palo Alto VA Polytrauma Rehabilitation Center, CA
- Richmond VA Polytrauma Rehabilitation Center, VA
- Minneapolis VA Polytrauma Rehabilitation Center

5. NONMEDICAL CARE MANAGEMENT SERVICES

Non-Medical Care Managers will coordinate support services already provided by many existing programs to meet Sailor and family specific situations and needs. Individually tailored non-medical care management is provided to assist the member and the family through recovery, rehabilitation, and return to duty or reintegration to community. Examples of services include but are not limited to:

- Pay and Personnel
- Invitational Travel Orders
- Housing and Lodging
- Child and Youth Programs
- Recreation and Leisure
- Transportation Needs
- Legal and Guardianship Issues
- Education and Training Benefits
- Commissary and Exchange Access
- Respite Care
- TBI/PTSD Services

Non-medical Care Managers and Recovery Care Coordinators will engage with Sailors and their families as long as there is a need. Frequent contact is mostly required during initial stages of treatment and recovery but also spikes when Sailor hits a reintegration point, either return to duty or separation from Service. Safe Harbor will categorize a case as: 1) "case in progress" – Care Manager is making frequent contact to address multiple issues, 2) "transition" – Member has transitioned, returned to duty or separated from Service, has no active issues and is contacted annually by Safe Harbor, or 3) "assisted not enrolled" – After inquiry and assessment, Care Manager determines that member does not fit eligibility criteria but provides resource information to assist individual. Access to Care Managers is available 24/7 via toll-free number and website

Safe Harbor Care Managers work closely with Medical Care Case Managers and other members of the Recovery team to ensure the holistic needs of the Sailor and family are being addressed. A Comprehensive Recovery Plan is developed for each member to provide a life plan for addressing issues. Safe Harbor Care Managers and Recovery Care Coordinators also work closely VA Federal Recovery Coordinators to facilitate transition to VA healthcare services for those Category 3 service members. To provide support resources and services to meet identified needs, Safe Harbor Care Managers and Recovery Care Coordinators coordinate and collaborate with numerous Navy, DoD, federal, state, and non-governmental organizations. Some Navy specific organizations are Bureau of Personnel, Fleet and Family Service Programs, Navy Chaplain Corps, Navy Legal Offices, Navy Education and Training Command, and many more.

Safe Harbor Non-medical Care Managers are supported by a team of subject matter experts who are available to assist in unique cases, challenges experienced and special requests. The headquarters team of experts include: Legal Counsel, Senior Medical Officer, Family Programs Coordinator, Charitable Resources Coordinator, Anchor Program Coordinator, Department of Labor Liaison and Adaptive Sports Coordinator.

For example, the Navy Safe Harbor Family Programs Coordinator will assist the NMCM when the NMCM requires additional support. She has a new enrollee who has been diagnosed with stage four cancer. The Navy has PCSed the service member and family from OCONUS to Bethesda NNMC given his diagnosis and needed treatment. The service member is married and has three children who up to this point have been home schooled. The Family Programs Coordinator works with the Navy Child and Youth Program to assign a School Liaison Officer to help enroll the two oldest children into public school. The family has access to full-time child care at the CDC for the youngest child, and is considered a priority placement given his father is a wounded warrior and enrolled in Navy Safe Harbor. The enrollee and spouse could use extra help with the kids (transportation to and from school, homework assignments and fun outings for the kids), and have decided it would be best if grandma could travel to NNMC to help out. Safe Harbor engages non-governmental organizations and secures a fully funded flight and lodging expenses for 30 days, so that this need can be met.

6. LIFETIME SUPPORT

Once enrolled in Safe Harbor, the Sailor is enrolled for “life”. Through the Safe Harbor “Anchor Program”, the Sailor and family are assigned a team of mentors at the time of transition from Service: one volunteer mentor from the Navy retired population or community support organization and the other volunteer mentor a “near peer” Navy Reserve member. These mentors will be the “welcome home” team to provide that social/professional/spiritual support so critical when assimilating into post-Service life. Navy Safe Harbor’s Recovery Care Coordinators and Non-medical Care Managers will continue to provide assistance to Sailors and their families to address non-medical issues. However, these volunteer mentors will engage with the Sailor and family in a variety of ways such as: pointing out the best grocery store in town, assisting with employment opportunities for the Sailor or spouse, connecting the family with an appropriate religious community, occasionally going out for dinner, and much more. It may be as simple as getting together once in awhile to swap sea stories.

7. CONTINGENCY SUPPORT

Beginning in January 2009, Navy Safe Harbor has a scalable Surge Support capability staffed by Navy Reservists who will respond within 72 hours to a rapid influx of casualties at a facility as the result of a catastrophe or operations. These individuals will work short term to assist the onsite Non-medical Care Manager in supporting seriously wounded, ill, or injured Sailors and their families, especially assistance with invitational travel orders to get families to the bedside.

8. OTHER SERVICES' PROGRAMS AND MISSION STATEMENTS

U. S. Army Wounded Warrior Program (AW2) and Warrior Care and Transition Office (WCTO)

The Wounded Warrior Program (AW2) serves the most severely wounded and injured soldiers and their families and helps them with their transition back into civilian life or to active duty service. AW2 has AW2 advocates located at all Military Treatment facilities (MTFs) and Veteran's Administration Medical Centers (VAMCs) who provide ground support to wounded or injured Soldiers with disabilities of 30% or more. This service is available to Soldiers and their families indefinitely. For more information visit the Web site at https://www.aw2.**army**.mil/

U. S. Air Force Wounded Warrior Program (AFW2)

The Air Force will take care of its Wounded Warriors. We will fully support the Office of the Secretary of Defense programs to keep highly skilled men and women on active duty. If this is not feasible, the Air Force will ensure Airmen receive enhanced assistance through the AFW2 program. For more information, visit the Web site at http://www.woundedwarrior.af.mil/

U.S.M.C. Wounded Warrior Regiment

Provide and facilitate assistance to wounded/injured/ill Marines, Sailors attached to or in support of Marine units, and their family members throughout the phases of recovery.

In April 2007, the Wounded Warrior Regiment (WWR) was established and headquartered in Quantico, Virginia, and with Wounded Warrior Battalions on both the East and West Coasts. The WWR is a unique organization spawned from a combination of the 2005 Marine for Life Ill/ Injured Support Section and the 2004 wounded warrior barracks located in Camp Lejeune, North Carolina.

Breaking new ground every day, the WWR continues to challenge previously established boundaries while firmly adhering to the commitment of ***"Marines Taking Care of Marines and Their Families."*** For more information, contact 1-877-4USMCWW (1-877-487-6299).

The Wounded Warrior Resource Center

Additional information is available at The Wounded Warrior Resource Center Website ((WWRC) provides wounded service members, their families and caregivers with information they need in the areas of military facilities, health care services, and benefits. There are trained specialists available 24 hours a day, 7 days a week by phone at 1-800-342-9647 or on the website at wwrc@militaryonesource.com.

9. RESOURCES

- Navy Safe Harbor Web site at safeharbor@navy.mil or toll-free at 1-877-746-8563.
- OPNAVINST 1750.1F
- FFSP Web site at www.ffsp.navy.mil
- Wounded Warrior Resource Center wwwrc@militaryonesource.com

10. SUMMARIZE AND CONCLUDE

Scenarios have been provided to highlight some questions and/or situations an ombudsman may face concerning Navy Safe Harbor and the services it provides. Please review these and use them as you desire. You may want to intersperse them throughout the training, or conclude with them to ensure understanding of Navy Safe Harbor.

Ombudsmen are encouraged to contact Safe Harbor anytime they have a question they are unable to answer, are unsure if a member is eligible for Safe Harbor enrollment, or just need information. Even if a member is NOT eligible for Safe Harbor enrollment, Safe Harbor staff will assist the individual to locate the right support service to resolve the issue.

VII. HANDOUTS

Recommended handouts for use with this module include:

- Ombudsman Scenarios
- Record of Training (when required)
- Navy Safe Harbor Brochure
- Navy Safe Harbor Fact Sheets
    - Navy Safe Harbor Overview
    - RCC and NMCM
    - Family Support
    - Anchor Program

OMBUDSMAN SCENARIOS

Scenario 1

The Spouse of a senior enlisted calls the command Ombudsman to relate a conversation shared by a friend who is married to a Sailor who was in Iraq for over a year. He served as an Individual Augmentee with an Army Command that experienced lots of action. When the husband returned from Iraq, he was fine for a while but now he is drinking heavily and not sleeping well (lots of nightmares). Since his hobby is gun collecting, this mother of three small children is worried. Where can this wife receive help?

Answer 1: The spouse should contact Command leadership for assistance. However, if the spouse contacts Safe Harbor, Safe Harbor will work with the Command leadership and Navy Medicine to ensure the service member has access to supportive healthcare services and that the family's needs, especially safety, are addressed.

Scenario 2

A family is notified that their Sailor has been in a serious shipboard accident, suffering burns over a significant portion of his body. The family resides in Hoboken, New Jersey, and the Sailor, assigned to PACFLEET, is hospitalized at the Brook Army Medical Center in San Antonio, Texas. The family calls the Ombudsman wanting information on how they may travel to beside. What should the Ombudsman advise?

Answer 2: Most likely the family will have a Casualty Affairs Courtesy Officer (CACO) assigned who will initiate the processes to get the family bedside. Due to the severity of the injuries, a Safe Harbor Non-medical Care Manager will be assigned to continue working with the Sailor and the family to address any and all non-medical care needs including invitational travel orders, lodging needs, child care needs, etc. If the family has not been assigned a CACO contact, they may contact Navy Safe Harbor for assistance.

Scenario 3

A spouse called Suzy Ombudsman is saying that his wife, a Navy Reservist, was injured while on deployment in Iraq. As she demobilizes, she is assigned to the Medhold unit for continued treatment but the spouse wants to be reassured that his wife will be getting what is best for her and for the family. Where should this spouse be referred?

Answer 3: The ombudsman should refer this spouse to Navy Safe Harbor. If the service member is not seriously injured, the Sailor will have a non-medical case manager assigned from the Reserve Component Command Medhold Unit and the spouse can contact the Medhold unit for further information. If member was seriously injured, a Safe Harbor Non-medical Care Manager will be assigned and the spouse can contact that individual directly.

Scenario 4

The Command Ombudsman receives a call regarding a Reservist Sailor who returned from Iraq diagnosed with severe Post Traumatic Stress Disorder (PTSD). As he is returning and processing through demobilization, his active duty spouse gets deployed to Iraq, leaving him responsible for an 18th month old child. There are no family members locally and, the Sailor is being retained on active duty for medical treatment so he needs day care for his 18 month old. Where should the referral be made for day care?

Answer 4:

Given the Reservist's diagnosis of severe PTSD, he should be enrolled in Navy Safe Harbor. As a Safe Harbor enrollee, he can go through his NMCM to access child care or he can contact Safe Harbor's Family Programs Coordinator to expedite the request.

If the Reservist is not a Safe Harbor enrollee, the Ombudsman should refer the member to the Child and Youth Program (CYP) on-line request for care. Registering for worldwide child care programs and services is easy. To submit a request for care, members should go to www.cnic.navy.mil/cyp and click on "apply for childcare" at the bottom of the page. Once the member applies, their request is automatically forwarded to the local CYP resource and referral office where child care is needed. Please note, if the Reserve service member is severely injured, they should click the box that states "Child care for Severely Injured Active Duty service member."

If the Reserve service member is in the Medhold unit, the Medhold Unit Case Manager (or possibly the Safe Harbor Non-medical Care Manager) can assist with securing childcare services.

RECORD OF TRAINING

Course Date: _____Course Length: _____ Activity:_____

Instructor Name: _____

Course Title: Navy Safe Harbor

Course Description: Ombudsman Advanced Training

PRINT NAME	RATE/GRADE	DEPT	JOB TITLE